

# ICER

UPDATE

INSTITUTE FOR CLINICAL AND EPIDEMIOLOGIC RESEARCH

Volume I, No. 3.

VAMC, Durham, North Carolina

December 1998

## ERIC Education and Training

A major component of the ERIC's mission is to promote the strategic growth of the epidemiological capacity of the Department of Veterans Affairs through education and training opportunities designed to develop and enhance epidemiological technical expertise. The ERIC's approach, as mandated, must be broad-based, serving as a system-wide educational and training resource. Within the current education portfolio, there are several avenues for further educational opportunities that the ERIC has available: credited and non-credited university courses/degree programs; fellowships and visiting professorships; ERIC-internet courses; the Joint ERIC Summer Programs; and technical monographs for self paced learning. The overall philosophy is for training/education activities to be tailored to the individuals needs.

### Degree Programs

For Veteran Health Affairs (VHA) personnel who are seeking further formal education in epidemiology methods and substantive areas, the ERIC will assist them in identifying the appropriate degree or non-degree program. The ERIC website currently has a nationwide listing of advanced degree programs in epidemiology and biostatistics. Individuals who wish to obtain their training onsite at the Durham VA will take courses through the Department of Epidemiology at the University of North Carolina at Chapel Hill. Those wishing to study off-site will be assisted in identifying the nearest and most appropriate program. Each individual is responsible for ensuring that he or she meets the enrollment requirements of their particular chosen academic institution.

Although currently in the planning stage, mentored research opportunities, fellowships, and visiting professorships will be available through the ERIC as well. Onsite trainees will include individuals on sabbatical or leave of absence and those accepted into one of the limited number of post-doctoral fellowships in the areas of health services research, funded through the Office of Academic

Affairs (OAA). The ERIC hopes to expand the number of fellowships available. Visiting professors will be expected to assist in ERIC-related educational goals through teaching, developing a seminar, tutorial, or a technical monograph as well as mentoring fellows and other trainees.

### Internet Courses

Since October of 1997, part of the education and training program of the ERIC has been carried out in conjunction with the Health Care Epidemiology Program in the Department of Epidemiology, School of Public Health, UNC-Chapel Hill. Dr. Michel Ibrahim, a professor of epidemiology at UNC, and also the ERIC Director of Education, is responsible for coordinating these efforts. This merger of resources enhances educational opportunities for both the ERIC and UNC's Department of

## Sponsoring Excellence in:

### Clinical Research:

- The Center for Health Services Research in Primary Care

### Epidemiologic Research:

- The Epidemiologic Research and Information Center

### Institute Programs:

- Biostatistics
- Training

## In This Issue:

ERIC News .....	1
HSR&D News .....	3
Biostatistics News .....	4
Center News .....	4



Department of  
Veterans Affairs

## ERIC News

Epidemiology. Its aim is to provide education and training in epidemiological methods as well as content areas of special significance to VHA clinicians, researchers, and administrators as their needs apply. The program offers epidemiological modules on methods relevant to the Department of Veteran Affairs.

Currently Dr. Ibrahim and his colleagues at UNC are developing Internet-based, self-paced tutorials on epidemiologic perspectives in research. The first of these tutorials was on cohort studies and uses Post-traumatic Stress Disorder (PTSD) as a case study. This module was pilot tested with ERIC personnel and EPI-NET (our national network of epidemiologists) members in September, 1998. It is planned to demonstrate this course at the HSR&D Service Annual Meeting in 1999. Three new modules, beginning October 1, 1998, are being developed using the following topics: the Gulf War syndrome; stroke and socioeconomic factors; and aging. By design, all illustrations for use of a particular method are diseases and conditions of high priority to the VA.

### Joint ERIC Summer Program

Another ERIC education initiative will be the Joint ERIC Summer Programs. As currently envisioned, each summer, the three ERIC's will jointly sponsor a continuing education program for VA administrators, clinicians, and researchers on topics that are a top priority to the VA. The first VA-ERIC Summer Program will be hosted by staff of the Seattle ERIC and the faculty of the Department of Epidemiology at the University of Washington in June of 1999. Six classes will be taught in classrooms at the University of Washington campus and the VA Puget Sound Health Care System will be the site for courses requiring access to VA computers. The course faculty will include investigators from the three ERIC's and additional epidemiology experts.

### Technical Monograph Series

The final component of the ERIC Education Portfolio is the development of a technical monograph series that will emphasize the "state-of-the-knowledge" regarding either diseases and conditions of high priority to the VA or epidemiologic methods or techniques identified as "of interest" to VA researchers and administrators.

The monographs in this series serve two purposes. One purpose is to disseminate epidemiologic knowledge on important diseases to DVA health care policy makers to guide them in the development of cost-effective policies for improving health care to veterans. Second, the monographs are expected to serve as a guide to DVA investigators in designing future studies on chronic diseases and other health conditions of high priority to VA by identifying gaps in knowledge.

Monographs are expected to synthesize the understanding of the natural history and clinical course of a high-priority condition, such as aging, atherosclerotic cardiovascular diseases, cerebrovascular disorders, chronic infectious diseases, dementia and neuronal degeneration, and diabetes, among others. The emphasis of these monographs will be on the identification of key intervention points to modify the clinical course of the disease.



*Ronnie Horner, PhD*

Monographs dealing with techniques or method, such as translations of findings into health policy or pharmacoeconomics, will emphasize the key aspects of the technique and explicitly detail the method's usage within the VA context.

Monographs will be widely distributed within the VA and to the general scientific community through the ERIC at Durham's webpage and

other internet sites to promote the efficient access to epidemiological knowledge. Individual copies will be available upon request.

The ERIC at Durham is currently soliciting VA and non-VA experts for proposals for one or more such monographs. It is anticipated that funding for most monographs will be in the \$1,000 to \$2,000 range. Proposals with cost estimates exceeding \$2,000 will be considered based on availability of funding and importance of the topic to VA.

*For further information on the ERIC, visit our website at <http://hsrd.durham.med.va.gov/ERIC/> or contact Beth Armstrong at [betharmstrong@mindspring.com](mailto:betharmstrong@mindspring.com).*

*ICER Update* is published quarterly by the Health Services Research and Development Office of the Department of Veterans Affairs. For questions or comments contact Ed Cockrell, Administrative Officer, VAMC (152), 508 Fulton Street, Durham NC, 27705. Telephone: (919) 286-6936, Fax: (919) 416-5836. E-mail: [COCKR001@mc.duke.edu](mailto:COCKR001@mc.duke.edu) Web Page: <http://hsrd.durham.med.va.gov/>

The Institute's mission is to provide quality information on issues regarding the organization, financing, and delivery of veterans' health care, and to build the epidemiological capacity of the Veterans Health Administration through the generation, synthesis, and dissemination of epidemiological information. The Institute also has a mission to educate health professionals through a spectrum of training grants in the techniques of health services and epidemiological research.

## Negotiating Patient Expectations in a Managed Care Environment

Most patients visiting their health care providers bring expectations, or desires for services, to the encounter. Many verbalize these expectations in the form of requests. Dr. James Tulsky's Managed Care Project will examine how physicians in the VA system communicate with patients about their expectations and requests, and explore techniques that maximize patient satisfaction when expectations or requests cannot be fulfilled. This study focuses on patients' expectations and requests for three categories of services: diagnostic testing, specialist referrals, and new drug prescriptions. These expectations and requests are common, can be costly, and are targets of managed care policies designed to reduce expenses.

The primary objectives of the study are to:

- Describe the nature and prevalence of patients' expectations and requests for diagnostic tests, referrals, and new drug prescription in the VA outpatient, primary care setting;
- Identify the range of reasons physicians do not meet patients' expectations for diagnostic tests, referrals, or new drug prescriptions;
- Characterize how physicians in the VA decline requests for diagnostic tests, referrals, and new drug prescriptions; and
- Identify communication strategies that maximize patient satisfaction when physicians deny patients' requests for diagnostic tests, referrals, and treatments.

The study will be conducted in two phases. The first phase is a cross-sectional survey of patients attending primary care clinics that inquires about their expectations for specific services. The second phase is a cross-sectional observational study of patients and providers negotiating requests in primary care clinics. In this phase, provider-patient encounters will be audiotaped.

Patients attending primary care clinics will be surveyed about their expectations for specific services, as well as their demographic characteristics, and then will be followed-up about their satisfaction with their visit. From these data patients will be identified whose expectations are likely to be unfulfilled. The provider-patient encounters of this group will then be audiotaped. Patients will be interviewed about their encounters to explore their reactions to how the requests for services were handled. Quantitative and qualitative techniques will be used to



*James Tulsky, MD*

analyze the audiotaped interactions, primarily based on the Roter Interactional Analysis System. The RIAS system identifies every statement or complete thought expressed during the visit (both by patients and providers) in one of 30 mutually exclusive and exhaustive categories. Categories relating to the medical tasks of the visit include: information giving, counsel-

ing, and question-asking (both closed and open ended) in the areas of medical condition, therapy, prevention, and lifestyle behaviors. Related to the socio-emotional aspects of the visit are categories of personal remarks, approval, laughter and joking, agreement, and statements of worry, support, legitimization, empathy, reassurance, concern, and partnership. In addition to the discrete categories, global affect ratings for each speaker are made on a 1-6 scale at the end of each encounter. The affect scales include friendliness, anger, interest, and anxiety. Both providers' and patients' interactions are coded, and frequencies are standardized by the total number of statements made.

Patient demographic characteristics, health related quality of life and patient satisfaction will be measured in the post visit surveys as well. Providers that are audiotaped will be surveyed for their impressions of the visit, their recognition of the patient's expectation, and their reasons for fulfilling or not fulfilling the request. These responses will be further explored in qualitative open-ended interviews with patients, and in focus groups with providers and patients.

This study is timely, given the ongoing changes within the VA health care system. Additionally, it will make a significant contribution to our understanding of patient expectations and satisfaction. It is the largest and most extensive study ever conducted of provider-patient communication in the VA health care system. It is the first study of expectations and requests that uses direct observation of medical encounters.

Most important, perhaps, this is the first study to evaluate the interrelationship of patient expectations, satisfaction, and provider-patient communication. Because these three factors are so likely to be interdependent, it is critical to study them together. For example,

studies exploring the influence of provider-patient communication on patient satisfaction are limited if patient satisfaction has less to do with communication than it does with whether providers meet patients' expectations.

Similarly, any study of how unmet patient expectations influence satisfaction will not uncover the role that provider-patient communication may play in modifying the relationship between unmet expectations and patient satisfaction. It could be that patients with unmet expectation are only dissatisfied with their visit when their primary care provider has a particular style of communication.

As recent changes in the VA health care system parallel the rise in managed care throughout the United States, the study will provide valuable information for the VHA. Managed care practices that are rapidly being incorporated in the VHA include pharmacy formularies, pre-approval for specialist referral, the use of primary care providers as gatekeepers, the development of active utilization review, and an emphasis on evidence-based clinical practice. Concurrently, the VHA is placing greater emphasis on patient satisfaction as an indicator of quality. Faced with competing forces, VA providers can be expected to struggle with satisfying patients by meeting their expectations, yet practicing within the financial limitations of the system.

The data that emerges from this study will help VA health care providers better negotiate patients' expectations and desires in these changing times. Successfully negotiating these expectations will help providers respond to the needs of veterans and ensure competitiveness of the VA health care system in the larger health care marketplace.

## Biostatistics News

### Lloyd J. Edwards, Ph.D. Statistician

Lloyd J. Edwards, Ph.D., head of the Department of Medicine Biostatistics Unit, Duke University Medical Center, joins the VA part-time as a biostatistician. Dr. Edwards received a BA in mathematics, with a minor in physics and economics, from Morehouse College in Atlanta, Georgia, in 1980. While at Morehouse he earned Phi Beta Kappa honors in 1980 as well as Academic All-American



*Lloyd Edwards,  
Biostatistics Ph.D.*

honors in football. In 1982 he received his MA in mathematical statistics from the University of Maryland, College Park. From 1982 to 1986, Dr. Edwards worked for TRW Defense Systems as a software engineer and statistics with concentration in the area of anti-submarine warfare.

In 1990 Dr. Edwards received his Ph.D. in biostatistics from the University of North Carolina at Chapel Hill where, during his graduate work, he was the recipient of the UNC-CH and Patricia Robert Harris Fellowship awards. The title for his dissertation is "Errors-in-Variables and Properties of Statistical Inference".

Dr. Edwards has considerable teaching and publication experience as well. Upon completing his Ph.D. he became an assistant and associate professor in the Department of Biostatistics at UNC from 1990 to 1998. He is the sole author of two journal articles, co-authored nineteen more, three of which he is the lead author, co-authored two which are now in press, and is co-author for two completed manuscripts in preparation for publication. His research interests include measurement error models, the design and analysis of clinical trials, analysis of longitudinal data, and health services research.

Dr. Edwards says he looks forward to working with VA collaborators in bringing standard and advanced statistical techniques to bear on the health problems affecting our nation's military veterans. He feels that with the explosion in computational technology, including information technology, over the past decade, statisticians stand at the forefront in analyzing health-related data and making data more accessible to subject-matter experts.

## Center News

### Center Completes Its Annual Report

The Center for Health Services Research in Primary Care completed its FY 1998 Annual Report in November. For the first time, the report represents a unified effort across all eleven HSR&D Centers of Excellence (COE) with data entered into a standardized Access 97 program developed at the Seattle COE. Durham's report reflected significant growth and shows that HSR&D grant funding for FY 1998 increased approximately 50% compared to FY 1997. Center funding for non-HSR&D grants increased by approximately 33% compared to last year. For FY 1998, 28 research projects and numerous training grants were reported as active. Total Center funding for the year was \$7,200,888. Of that total, \$4,666,384 represented funded research projects from both VA and non-VA sources. Major areas of funding follow Center interests in stroke quality of care, patient-physician communication, chronic



disease, telemedicine, and research in special populations. One notable area of funded research with national prominence is racial variation in access and use of care. The Center is increasingly identified as one that is able to coordinate and lead national studies in racial variation. The Center has been successful in attracting funding to coordinate studies in stroke risk reduction, and assist VA investigators outside the Center with projects that utilize the racial variation research network developed through Durham.

An example of the Center's work in the area of racial variation is Eugene Z. Oddone's study, "Is Carotid Endarterectomy Under-utilized in Black Patients in the VA?" In this study Dr. Oddone and Ron Horner, PhD, have lead major efforts in describing the key determinants of racial differences in carotid endarterectomy (CE) rates. In a published article "Understanding Racial Variation in the Use of Carotid Endarterectomy: The Role of Aversion to Surgery" *Journal of the National Medical Association*, (1997, 90(1):25-31), they show that patient preferences play a major role in differentiating who does and does not receive CE. The majority of their effort in this area is consumed in currently funded HSR&D studies seeking to expand the understanding in this critical area of access and use.

### **Center Is Host to National, Regional & Local Leadership Roles**

A number of Center personnel are serving important national, regional, and local roles to advance the science of health services research. Dr. Eugene Oddone is Chief of the Division of General Internal Medicine at Duke University Medical School, the second largest division in Duke's Department of Medicine. He also serves as consultant to VISN 6 for quality measures and is Research Director of the Stroke QUERI. Dr. Ronnie Horner is Director of the Durham ERIC, which is a national cooperative studies program. Dr. Lori Bastian is the Director of the VA Women's Center in Durham and serves on the national advisory panel for VHA's directive in women's health. Dr. David Matchar is the Director of the Center for Clinical Health Policy Studies at Duke. Dr. David Simel is ACOS for Ambulatory Care at the Durham VAMC and serves several VISN committees pertinent to primary care. He is Coordinator of the US-Canadian Cooperative Group for Research on the Clinical Examination. Dr. James Tulsky served on a national VA panel directing VHA's effort in palliative care.

Drs. Oddone, Horner, Matchar, Tulsky, and Dawn Provenzale also serve on national research review boards including VA HSR&D's SREB, the American Heart Association Grant Review Board, and AHCPR's Review Panel.

Center personnel also have roles in local and regional education efforts. Twelve of the Center's Core Faculty, Drs. Oddone, Horner, Simel, Bastian, Sheri Keitz, David Edelman, Rowena Dolor, Laura McIntyre, Eric Westman, Doug McCrory, John Whited, and Hayden Bosworth teach in Duke University's Clinical Research Training Program. This is a Masters level program designed to provide didactic training in the principles of clinical research for fellows interested in academic careers. The courses are teleconferenced to the Clinical Research Branch of the NIH. Dr. Westman also directed a VISN-wide program on smoking cessation techniques culminating in a daylong educational conference for practitioners.

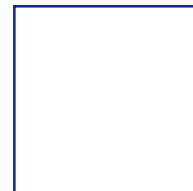
Our faculty also devote significant time to national journals as well. Drs. Oddone and Horner are deputy editors for the journal *Medical Care*; Dr. Simel is Section Editor of the popular *JAMA* series Rational Clinical Exam; Dr. Westman is an associate editor of Society of General Internal Medicine's *Forum* newsletter. Dr. Oddone also serves on the editorial board of the *Journal of Clinical Outcomes Management*. Virtually all core faculty serve as reviewers for several research journals.

### **Abstracts Selected for the HSR&D 17TH Annual Meeting**

The Durham HSR&D Center is hosting the February 24-26, 1999 Annual Meeting to be held in Washington, DC. A call for abstracts was completed in November. Reviewers selected from across the VA system graded 203 abstract submissions for oral, poster, and workshop presentations. Of the 145 abstracts accepted, nine are workshops, 72 are oral presentations, 50 are posters, ten are pre- and post-doctoral posters, and four are plenary session presentations.

The 72 oral presentations will highlight research interests specific to: general mental health access, HIV/Hepatitis C, quality databases, prostate disease, health related quality of life, special populations, general health services research, access and use of health care, general epidemiology, quality of care, health services research and costs, and mental health.

HSR&D  
VA Medical Center (152)  
508 Fulton Street  
Durham, NC 27705



**17th Annual Meeting**

**Health Services Research at the Interface**

**Washington, DC**

**February 24 - 16, 1999**

For more information regarding registration or hotel accommodations, please call Karen Hickey, HSR&D Special Projects Office, VA Maryland Health Care System, Perry Point, MD at FTS: 700-956-5448, COM: 410-642-1018, FAX: 410-642-1095, or email: [Rainelle.Holcomb@med.va.gov](mailto:Rainelle.Holcomb@med.va.gov)

Hosted by: Center for Health Services Research in Primary Care, Durham, NC